

SPECIAL CASE CONFERENCENAME: Valerie Young C#: _____ UNIT: 314REASON FOR CONFERENCE: INCIDENT OF 7-11-04CONFERENCE DATE: 7-14-04**TEAM ATTENDANCE**

NAME	TITLE
<u>Teresa Sotson</u>	<u>Dev. Assist I</u>
<u>Phil Jaro</u>	<u>MD</u>
<u>K. Villaverde</u>	<u>page</u>
<u>John P. J. Jr.</u>	
<u>Brian Bennett</u>	<u>Dr.</u>
<u>Marisa Hayes</u>	<u>SW</u>
<u>Paul R. Reardon</u>	<u>DAITR</u>
<u>John P. J. Jr.</u>	<u>MD</u>

SPECIAL CASE CONFERENCENAME: Valerie YoungCON#: 090-0032UNIT: 314DATE: 7-14-04SUMMARY OF MEETING

Reason for conference: Incident of 7-11-04

DISCUSSION:

Valerie had fallen on her residential unit on 7-11-04 sustaining a 2cm laceration to her left eye brow. Two sutures with 4.0 silk were used for closing the wound. Valerie has been observed to be unsteady on her feet (tripping) and also not sleeping at night. She was referred to her psychiatrist for evaluation of her current medication regimen. The falling/unsteadiness can be a side effect (akathisia-EPS) of Trilofan and the psychiatrist recommended a decrease from 32mg to 24mg daily. (see also psychiatric consultation) Ambien 10mg HS was also added to her medication regimen to aid sleep. Valerie's behavioral status and response to medication adjustments will be monitored closely. The team will re-evaluate her behavioral response at her quarterly review next week.

RECOMMENDATIONS:

1. Continue care with facility psychiatrist Dr. Hahn.
2. Reduce Trilofan from 32mg to 24mg daily in split doses. Add Ambien 10mg HS.
3. Potential side effects and behavior status to be monitored closely as medication changes are made.
4. Team to re-evaluate at quarterly review 7-20-04.

Prepared by: _____

Date: 7/14/04

Team leader: _____

Date: 7/14/04